



MLTC Tribal Consultation
March 2, 2023
1:00-4:00 p.m. Central Standard Time

Victor E Anderson Branch Library
3635 Touzalin Ave, Lincoln, NE 68512

Present (In-Person): Jacob Kawamoto (MLTC Policy/Tribal Liaison), Chris Morton (MLTC Communications), Jessie Edwards (MLTC Administrative Support), Alex Zimmer (MLTC Plan Management), Douglas Bauch (MLTC Plan Management), Jordan Himes (MLTC Communications), Becky Crase (Ponca), Sylvia Allen-Lopez (Ponca), Karri Steadman (Ponca), Tashina Provost (Omaha), Terri Mentink (Winnebago), Nancy Mackey (Santee), Vietta Swalley (Santee), Gelisha Palma (HBN), Heather Leschinsky (HBN), Teresa Zahren (HBN), RickyAnn Fletcher (MCNA), Tracy Nelson (MCNA), Adam Proctor (NTC), Tuesday Kuhlman (NTC), Cynthia Goslin (UHC), Kara Urkoski (UHC)

Present (via Webex):

1. Welcome / Group Introductions
 - i. Celebrations
 - i. The Ponca Tribe has launched its first Mobile Health Unit, which can help deliver clinic-type services on the go, for example at events. It should be a great tool in increasing access to services.
 - ii. Santee has continued to host monthly Community Education Meetings with the Elders, and these have been very beneficial. The high school boys basketball team also made it to the State Basketball Tournament!
 - ii. Update of MLTC Tribal contacts / email list
2. SPA/Waiver Discussion – **Jacob Kawamoto**
 - i. 2022 Overview and recap
 - i. **NE 22-0015: Disaster Relief SPA**
 1. Waives signature requirements for drugs dispensed during the PHE, backdated to the beginning of the PHE
 - ii. **NE 22-0016: Physician-Administered Drugs**
 1. Physician-administered drugs (not covered at the AIR) will be reimbursed at the Medicare rate (avg sales prices +8%) rather than the avg sales prices +6%
 2. **QUESTION (Omaha):** How do the Tribes bill for these? How would these drugs not be covered at the AIR?
 - a. **ANSWER:** MLTC will research this and follow up with the group
 - iii. **NE 23-0001: Home Health APRN - Update**
 1. Update to Tribal Notice previously sent on 8/25/22, adds physician assistants to the list of provider types now allowed to order home health services and certify plan of care.
 - iv. **NE 23-0003: Personal Assistant Services**

1. Update to implement a provider rate increase.
 - v. **NE 22-0007 – Tribal Telehealth SPA**
 - a. Approved by CMS // Effective October 1, 2022
 - ii. Encounter Rate Project
 - i. Updates on the project and scope
 1. MLTC is continuing to draft a guidance document related to 471 NAC 11, the scope of an encounter, and billing/reimbursement for the encounter rate. This draft guidance document will help MLTC determine if regulation updates are needed for 471 NAC 11.
 2. **QUESTION:** Will the Tribes be able to review this guidance/document? Will the MCOs (and their relevant processes) be included?
 - a. **ANSWER:** Yes. This guidance document is being created to assist Tribal health facility staff, and the goal is for it to be beneficial for them and the MCOs when it comes to clarifying the scope of an encounter and expectations around billing/reimbursement. MLTC will bring drafts of the guidance document to this group, and also keep the group informed about and discuss any potential updates to the state regulations.
3. COVID-19 Public Health Emergency (PHE) – **Chris Morton**
 - i. Unwinding and the end of the PHE
 - i. Timelines:
 1. Continuous Coverage Requirements End: March 31, 2023
 2. Unwinding Period Begins: April 1, 2023
 3. Federal PHE Set to End: May 11, 2023

Chris Morton provided a PowerPoint presentation outlining MLTC’s efforts regarding the Unwinding and end of the PHE.

QUESTION: MLTC is basing things off of the beneficiary’s renewal date. If a beneficiary is turning 65 and eligible for Medicare, will that trigger a renewal?

ANSWER: No, it wouldn't trigger a renewal. It does trigger an alert in MLTC’s system, so that a case worker can take one of several actions. The system has an alert that populates in advance, so that all of the information can be received by the month of the birthday. For the Unwind, if MLTC receives an age change alert there may be some actions taken depending on the case, but likely wouldn't make a category change until the time of the individual’s renewal.

Additionally, there is a six-month Medicare special enrollment period (SEP). for individuals who did not enroll when they first became Medicare-eligible. The SEP allows individuals to sign up for Medicare without paying a late enrollment penalty. For more information, see [Medicare’s website](#).

Note: Through a temporary “(e)(14)” authority granted by CMS for the unwinding period, contact information updated through the MCOs can be considered ‘verified’ by MLTC. This means that if a beneficiary updates their contact information with their MCO, MLTC can accept this information and doesn’t need to reach out to the individual to verify.

QUESTION (UHC): How will changes in circumstances be handled?

ANSWER: MLTC will accept and record changes reported outside of the beneficiary's renewal period, but will still wait until the renewal period to redetermine. MLTC also wants to ensure that contact information is up to date.

QUESTION (Santee): Does the NMES Line show patient address? Or can it show that information? Understanding is that currently it doesn't but is this something that could be updated so providers can know what address MLTC has on file for the beneficiary?

ANSWER: Due to Medicaid-specific privacy laws to ensure protection of beneficiary information, the NMES line does not show beneficiary address information.

(Santee): If the answer is truncated due to a character limit, it would be beneficial to prioritize the beneficiary address. Another important consideration is that rural routing numbers also need to be accurate and included for many Tribal beneficiaries that Santee sees.

QUESTION (HBN): Will providers checking eligibility at the beginning of the month be an issue once MLTC starts redeterminations?

ANSWER: No, beneficiaries will still be eligible for the entire duration of the month. Even if they are determined ineligible, they will remain eligible through the end of the month in which the determination occurs.

QUESTION (Ponca): When would/could a beneficiary be closed?

ANSWER: Refer to the previous Unwinding Tribal Q&A from the Ad Hoc Tribal Stakeholder Meeting held on 01.25.23.

Link:

<https://dhhs.ne.gov/Documents/1.25.23%20Ad%20Hoc%20Tribal%20Stakeholder%20Unwind%20Q&A.pdf>

QUESTION (Santee): What is the 'pink letter' MLTC is sending to beneficiaries?

ANSWER: This is a letter sent to beneficiaries in February meant to confirm beneficiary contact information.

QUESTION (HBN): Can we see what those letters look like?

ANSWER: Yes, and example of this letter can be found on the MLTC Unwinding website:

- <https://dhhs.ne.gov/Documents/Nebraska%20Medicaid%20Member%20Letter%20-%20English.pdf> (English)
- <https://dhhs.ne.gov/Documents/Nebraska%20Medicaid%20Member%20Letter%20-%20Spanish.pdf> (Spanish)

QUESTION (Santee): Have there already been undeliverable letters?

ANSWER: Yes, and this indicates address changes. Because undeliverable letters are still being returned to the department, MLTC is currently unsure how many returned letters there are total.

QUESTION: How many PHE Unwinding 'pink letters' were sent?

ANSWER: Letters were sent to 83,000 households, which represent 140,000 individual beneficiaries.

- ii. MCOs will be providing outreach
- iii. Data Sharing Agreements Discussion

1. Please reach out to MLTC or indicate if your Tribal health facility is interested in entering into a data sharing agreement to receive beneficiary-related information in order to assist with outreach efforts and help ensure continuity of coverage.
4. Crossover Claims Update – **Jacob Kawamoto**
 - i. MLTC Policy is continuing to work with the Finance team to determine how to reconcile discrepancies in crossover claims reports. Jacob will follow up with the Tribes at the April Tribal/Medicaid Monthly Call with an update and next steps to resolve and make payments for the past crossover claims.
 5. Break
 6. NEMT – MCO Program Overviews – **MCOs**
 - i. The MCOs are working directly with Tribal transportation providers to enroll as NEMT providers. For enrollment as an NEMT provider with Medicaid through Maximus, the Tribes can reach out to Jacob for any assistance that is needed.

MCO NEMT Comparison Chart:

<https://dhhs.ne.gov/Documents/MCOs%20Comparison%20Chart%20Tribal%20NEMT.pdf>

HBN offers a \$25 gift card for gas once a quarter. To receive this, beneficiaries need to call the Healthy Blue customer service center and the card will be sent. Tribal health care providers should encourage beneficiaries to take advantage of this benefit.

QUESTION: Where can these gas cards be used?

ANSWER: The cards should be generally applicable, they are not specific to a certain gas station or company.

QUESTION: Beneficiaries don't have to be credentialed as a provider to receive these, correct?

ANSWER: No.

Through UHC's NEMT benefit, families can receive rides for non-medical services.

QUESTION: Is this billed in the same way for non-medical trips?

ANSWER: Tribal providers should refer to Mary for the relevant details. UHC is also working to get a training set up regarding this.

QUESTION: As the Tribes are getting set up as NEMT providers with the MCOs, do they also need to enroll as providers through MLTC?

ANSWER: Yes, Tribal NEMT providers will still need to enroll through Maximus. Reach out to Jacob if further guidance on this is needed.

7. Roundtable discussion on how MLTC can support the Tribes' work
 - i. Managed Care Discussion
 - i. Updates from MCO Liaisons
 1. Each MCO provided an update regarding the 2023 All-Inclusive Rate systems updates and confirmed that:

All sub-contractors received notice of the updated 2023 Rate. They have 30 days to load this update in their systems. From there the

MCO and sub-contractors will conduct a claims sweep, and after that the MCOs will communicate timeframes for update completion to the Tribes. This should be completed 30 days from 3.1.23 at a minimum. Lessons were learned from the last updates, especially with pharmacy claims. In the meantime, the Tribes should continue to bill for encounters as usual.

NTC: Communicated to their sub-contractors that pharmacy updates cannot lag like last time. For medical claims, the new rate is anticipated to be loaded within 7-10 days of the 3.2.23 Consultation.

MCNA: Already updated their systems with the new rates and have begun reprocessing past claims.

2. Dental Updates for 2024 – NTC and UHC are still organizing to operationalize this update.

NTC: Involve (sub-contractor) has clear direction from NTC. The Tribes are welcome to contract with them, but they don't have to. The AIR will still be paid as usual (and the same dental codes currently not covered at the AIR will continue this way).

QUESTION: Is NTC keeping M Vision?

ANSWER: Yes. In 2024 the PBM will change to Express Scripts (pharmacy vendor)

QUESTION: Is UHC keeping March Vision?

ANSWER: Yes, this will remain the same. Optum Rx will remain the pharmacy vendor. The only new sub-contractor will be UHC Dental.

- ii. Medicare Advantage Crossover Claims Reimbursement

1. Traditionally only Medicare crossover claims were being reimbursed up to the AIR. However, each of the MCOs has indicated that claims for managed care beneficiaries also enrolled in Medicare Advantage (MA) plans will be reimbursed up to the AIR as well.

- ii. Open Agenda

- i. Would any of the other Tribes like to host an in-person Consultation Meeting, or is the preference to continue to have them in Lincoln?
 1. Santee volunteered to host the next in-person Tribal Consultation Meeting, - scheduled for May 18, 2023 – at the Santee Health and Wellness Center.
- ii. Issues with Specialty Drug Coverage and Private Insurance

Due to recent federal changes, beneficiaries with private insurance of any kind – even Marketplace coverage – has led to increased costs for specialty drugs and issues with delivery of these drugs to the Tribal health clinics. If the issue is not resolved, Santee plans to take it to the National Tribal Consultation in June. Santee sent Jacob an email about this issue – with reference to the updated CFR – back in January. Santee's pharmacy lead, Marianne, has discussed this with her son who works in private practice, and believes this regulation update should not be allowed.

Jacob/MLTC will look into this issue and reach out to other state Medicaid programs to see how/if they have gone about addressing this.

- iii. Marketplace Information

1. How do Marketplace companies know who/how to contact about Marketplace? How are they getting beneficiary information? There were two cases recently where Medicaid-eligible beneficiaries were enrolled in the Marketplace, and it has since interrupted their Medicaid benefits (which they are still eligible for).
 - a. NTC: It would likely be a broker reaching out to the individuals. For the issue cases noted, there is currently a process underway to end their Marketplace coverage and resume Medicaid without any financial burden to the beneficiaries. NTC is also looking into these cases to ensure it doesn't happen again.
2. It is important to note that Marketplace, and referral of information to the Marketplace is designed to help ensure continuity of coverage. If a beneficiary is no longer eligible for Medicaid due to things like being over income, they may still qualify for a plan through the Marketplace.
 - a. For beneficiaries who are denied Medicaid due to things like being over income, their name, contact information, and Medicaid determination (denial) is shared with the Marketplace.
 - b. MCOs cannot and do not sell member information.
- iv. CMS recently hosted a Tribal Consultation on Native American protections under Medicare Advantage Plans. The Tribes at this Consultation Meeting noted that they agreed with the following proposals discussed at this Federal Consultation:
 1. Prohibiting MA Plans from redistributing beneficiary information to other entities,
 2. MA Plan agents must share and review benefits with the potential beneficiary, and
 3. MA Plans would have to check and share their provider network and preferred drugs/formularies.
- iii. **QUESTION (Santee):** Recently got Physical Therapy rejections from UHC due to missing patient medical records. UHC told Santee that they need a pre-assessment.
 - i. Cynthia and Kara from UHC to help investigate this.

8. Closing